Connecticut ORTHOPAEDIC Society

Written Testimony of the Connecticut Orthopaedic Society

***Senate Bill 933 AN* ACT CONCERNING THE PRESCRIPTION DRUG MONITORING PROGRAM**

General Law Committee – February 24, 2015

Senator Leone, Representative Baram and distinguished Members of the General Law Committee, on behalf of the more than 250 orthopaedic surgeons of the Connecticut Orthopaedic Society, thank you for the opportunity to provide testimony regarding **SB 933, *AN* ACT CONCERNING THE PRESCRIPTION DRUG MONITORING PROGRAM**

This bill is an important and timely response to the safe and appropriate use of narcotic pain medication prescribed by physicians. As orthopaedic surgeons, we prescribe controlled substances for legitimate medical purposes and unfortunately some of the opioid pain medications end up being abused as recreational drugs or sold as street drugs. This is known as "diversion" and is a high priority action item for the federal Drug Enforcement Agency. The proposal to implement a Prescription Drug Monitoring Program in our State, will enhance peer to peer communication to deter people who "doctor shop" in order to obtain multiple prescriptions of narcotics.

While there are no quick fixes to opioid abuse , educating and training physicians prescribing narcotics is a vital and critical component to share the collective, national expertise and prescribing guidelines. The Connecticut Orthopaedic Society shares information from the American Academy of Orthopaedic Surgeons on an ongoing basis and we encourage our members to take advantage of the educational and training tools afforded by the AAOS. The information is thorough, extensive and readily available to the orthopaedic community throughout the year. In addition, the FDA has a program, "Extended-Release and Long-Acting Opioid Analgesics Risk Evaluation and Mitigation Strategy," which is a voluntary program to educate physicians who prescribe these narcotic pain medications and provide them with tools that enable them to counsel patients and improve prescription safety.

Orthopaedic surgeons, in general prescribe narcotic pain medications episodically for the sole purpose of short term pain management in post -surgical patients and those suffering from acute musculoskeletal injuries, such as fractures. Many patients will only require narcotics for one or two weeks, while others, with extensive procedures and intense rehabilitation, may require several separate narcotic prescriptions as the need arises throughout their treatment protocol. The language of the bill is unclear with respect to what constitutes "continuous or prolonged treatment". For example, a patient who suffers an ankle fracture will be evaluated soon after injury, and will likely be given a prescription for opioid analgesics. The instructions will allow the patient to take more tablets in the beginning, when they are in more pain, and to taper off, as the acute pain subsides. The nature of the injury may be such that surgery must be delayed for 1-2 weeks. In this case, the patient will also receive a second prescription for post-operative pain management at the time of surgery. This would be another short course prescription with instructions to taper off the medication as the post operative pain subsides. Six weeks later, when the patient presents for physical therapy, the rehabilitation process can be quite painful, in which case, the patient would be given a third short-term narcotic prescription. In this case,

since the narcotic treatment is not "continuous", the current bill would require the physician to check the database on three separate occasions. The unintended consequence of the vague language could be that physicians check the database once at the initial visit, and give patients one large prescription to last the entire treatment period. It would be reasonable to clarify the requirement for a baseline check of a patient's narcotic use history at the initial visit, without a requirement to re-check the database for further episodic prescriptions within 90 days.

In order to manage patient flow, and ensure efficient care of our patients, we request that non-licensed office personnel who are bound by HIPAA compliance, to be granted access to the database and function as "authorized delegates" of the prescribing physician. This would greatly facilitate compliance with the law.

The Society would also suggest adding more physician representatives to the important Connecticut Alcohol and Drug Policy Council proposed in the bill. Additional representation will certainly assist with ongoing efforts to enhance and improve this initiative.

We stand ready to assist this Committee and the legislature with this important initiative and encourage legislators and government leadership to recognize that a good portion of the abuse occurs by those who use medications prescribed for someone else. Additional provisions should include public outreach, such as the D.A.R.E program, and patient education on the proper storage and disposal of these medications in order to assist in the overall goal of curbing opioid abuse.

On behalf of the Connecticut Orthopaedic Society, thank you for the opportunity to provide feedback regarding this important bill.

Thank you.

Submitted by:

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